

**Louisiana State Board of Medical Examiners
Information Release**

www.lsbme.louisiana.gov

Date: February 12, 2001

Subject: Dispensing Physician

Every physician who holds a license to practice medicine in the State of Louisiana may issue prescriptions for, and dispense *bona fide* medication samples of non-controlled substances. Moreover, a Louisiana licensed physician whose controlled substance privileges are not otherwise restricted by the Board and who possesses a controlled substance certificate and registration issued by the Louisiana Department of Narcotics and Dangerous Drugs (DNDD) and the United States Drug Enforcement Agency (DEA) respectively, may prescribe or administer controlled substances in the ordinary course of his medical practice for a legitimate medical purpose. Similarly, such a physician may provide *bono fide* medication samples (excluding controlled substances) to

his patients. Conversely, only a physician who possesses all of the above qualification (Louisiana medical license, DNDD certificate and DEA registration) and, in addition, is registered with the Board as a dispensing physician, may lawfully “dispense” (or sell) – i.e., give, provide, or supply for later oral ingestion, insertion, application, injection, or other use- controlled and non-controlled medication (including medication samples) to his or her patients. LAX 46:XLV, Subpart 3, Chapter 65, §6503. The Board’s dispensing rules are set forth in their entirety in Louisiana Administrative Code (LAC) 46:XLV, Subpart 3, Chapters 65, 67, & 69. The rules can be found at the following address:

<http://www.state.la.us/osr/lac/46v45/46v45.pdf>

Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250
Phone: (504) 568-6820; Fax: (504) 599-0503



DISPENSING REGISTRATION QUALIFICATIONS/ INSTRUCTIONS

(010505)

Eligibility for Registration as a Dispensing Physician

- Possess a current, unrestricted license to practice medicine duly issued by the Board;
- Have been in the active practice of medicine for not less than three years following the date on which the physician was awarded a doctor of medicine or doctor of osteopathy degree. This does not include internship, fellowship or residency training.
- Not currently be enrolled in a medical residency or other post graduate medical training program; and
- Possess a current, unrestricted license to prescribe, dispense, and administer controlled substances duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health and Human Resources, state of Louisiana, and be currently registered to prescribe, dispense, and administer controlled substances, without restriction, with Drug Enforcement Administration, United States Department of Justice.

A Physician Shall Be Deemed Ineligible for Registration as a Dispensing Physician Who:

- Has been convicted, whether upon verdict, judgment, or plea of guilty or *nolo contendere*, of any crime constituting a felony under the laws of the United States or of any state;
- Has been convicted, whether upon verdict, judgment, or plea of guilty or *nolo contendere*, of any crime and element of which is the manufacture, production, possession, use, distribution, sale, or exchange of any controlled substance; or
- Has within the five years preceding application for registration, abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant.

The board may deny registration to an otherwise eligible physician for any of the causes enumerated by R.S. 37:1285 or any other violation of the provisions of the medical practice act.

The burden of satisfying the board as to qualifications and eligibility of the physician-applicant for registration as a dispensing physician shall be upon the applicant. an applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by, and to the satisfaction of the board.

General Information

The state of Louisiana does criminal background checks as part of the application process through the state -Louisiana Department of Public Safety and Corrections-DOC and Federal Bureau of Investigations-FBI. Materials for this purpose can be obtained by writing to:

LSBME-Attn: CB
P O Box 30250
New Orleans, LA 70190-0250

Or by e-mail at lsbmemat@lsbme.louisiana.gov

Applicants with criminal history may expect delays in the application process.

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**MUST BE TYPED OR
BLOCK PRINTED**

ATTACH PHOTO HERE

APPLICATION FOR REGISTRATION AS A DISPENSING PHYSICIAN

The Board may refuse to consider any application which is not complete in every detail and may, in its discretion require a more detailed or complete response to any request for information set forth in this application as a condition to consideration of an application. The application shall be accompanied by a non-refundable fee of Seventy-Five Dollars (\$75.00)

Name: Last		First		Middle	Suffix (Sr., Jr.)	Suffix (MD/DO)
DEA Number:				La DHHR Narcotics No.		
Social Security Number		Email Address		Fax Number	Cell Phone Number	
Addresses	Home Address	Street & Number		City		State
		Zip + 4	County/Parish	Telephone (Area code, number).		
	Preferred Mailing Address	Street & Number or Post Office Box		City		State
		Zip + 4	County/Parish	Telephone (Area code, #, Ext.)		Pager Number
	Professional Addresses: (DO NOT USE P.O. BOX NUMBERS) give number, street, suite number, city, state, Zip Code, and area code and telephone number for each location where you dispense or propose to dispense drugs, chemicals and medications. If a medical firm (see definitions), state name of firm. (If more space is needed, attached a separate sheet).					
	1. _____ _____					
2. _____ _____						
3. _____ _____						
State the specialties you practice at above locations and indicate if you are American Board Certified.		_____				
Indicate your type of practice		<input type="checkbox"/> Solo, <input type="checkbox"/> Partnership, <input type="checkbox"/> Corporation, <input type="checkbox"/> Institutional, <input type="checkbox"/> Academic, <input type="checkbox"/> Administrative, <input type="checkbox"/> Governmental (____ U.S., ____ Louisiana, ____ Parish, ____ City), <input type="checkbox"/> In training, <input type="checkbox"/> Other				
List the full name of all physician partners or employees of each medical firms with which you are associated		_____ _____ _____ _____				
Specify the schedule, class, type, or specific medication, dispensed or proposed to be dispensed		_____ _____ _____ _____				
Name all hospitals where you have been granted privileges		_____ _____ _____				
List residency dates (years only) and specialty.		Residency Dates (year only): From: _____ To: _____		Specialty: _____		



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ANSWER THE FOLLOWING QUESTIONS (IF ANSWER IS YES, PROVIDE A DETAILED EXPLANATION)

	YES	NO
1. Have you ever been convicted, whether upon verdict, judgment, or plea of guilty or <i>nolo contendere</i> , of any crime constituting a felony under the laws of the United States or of any state		
2. Have you ever been convicted, whether upon verdict, judgment, or plea of guilty or <i>nolo contendere</i> , of any crime and element of which is the manufacture, production, possession, use, distribution, sale, or exchange of any controlled substance		
3. Have you ever within the five years preceding application for registration, abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant.		

OATH OR AFFIRMATION OF APPLICANT

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe and abide by the rules and regulations of dispensation of medications and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me thereunder.

I HEREBY authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state or federal) to release to the Louisiana State Board of Medical Examiners any information, files or records requested by the Board. I further authorize Louisiana State Board of Medical Examiners to release to any such organization individual or group having reasonable need therefore any information supplied to or obtained by the Board connection with my application or relative to the status of any license or certificate issued to me as a result of such application.

I CERTIFY under oath my acknowledgment and understanding that I am solely responsible for the proper and legitimate use of my DEA number for all controlled substance transactions. I will be present at any time that medication is dispensed from a registered dispensing location, and solely responsible for dispensing all medication and maintaining all invoices, orders, inventories, dispensing and other required records in the manner prescribed by the Board's dispensing rules. By my subscription hereto, I acknowledge that I fully understand that failure to adhere to the Board's dispensing rules may constitute violation of State and Federal law, subjecting me to criminal investigation and prosecution by State and Federal authorities, as well as action against my medical license by the Board.

Signed _____
Full Name

Subscribed and sworn to before me this _____ day
of _____ YEAR _____

NOTARY PUBLIC

(Notary Seal)

My commission expires _____



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Answer the following questions regarding the rules enclosed with the application and return

	YES	NO
1. Have you read the rules on the Dispensing of Medication		
2. Do you understand the rules on the Dispensing of Medication?		
3. Have you read the rules on Medications Used in the Treatment of Obesity?		
4. Do you understand the rules on Medications Used in the Treatment of Obesity?		
5. Have you read the rules on Medications Used in the Treatment of Non-Cancer Related Chronic or Intractable Pain?		
6. Do you understand the rules on Medications Used in the Treatment of Non-Cancer Related Chronic or Intractable Pain?		

I hereby certify that I have read the above-mentioned rules and understand them and I further certify that I will comply with the rules and regulations set forth in the above-mentioned rules.

Date: _____

Signed: _____

Print/Type FULL Name: _____

Address: _____

Phone: () _____



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CHECKLIST

Did you include:

- Full name, home address, and the municipal and post office addresses of each office or other location at which the applicant practices medicine in the State of Louisiana;
- The name, municipal and post office address of the medical firm or firms if any, with which the applicant is associated, and the full names of all physician partners or employees of such firm or firms;
- Copy of your Louisiana controlled dangerous substance license number and the applicant's United States Drug Enforcement Agency (DEA) controlled substance registration number;
- The municipal and post office addresses and telephone number of each location at which the applicant dispenses or proposes to dispense medications;
- A designation of schedules, classes, types, or specific medications which the applicant dispenses or proposes to dispense; and
- Appropriate fee of \$75.00. This fee is non-refundable.
- **CRIMINAL BACKGROUND CHECK**
Applicants who do not have the LSBME Criminal Background Check Materials (i.e. LSBME-issued fingerprints cards) should contact the LSBME immediately to order materials. Provide name, mailing address and identification number (i.e. social security number and issuing state **or** national identification number and issuing country). Materials can be obtained by either of the following methods of contact:
 - E-mail: lsbmemat@lsbme.louisiana.gov
 - Write to: **Louisiana State Board of Medical Examiners**, ATTN: CB, P O Box 30250, New Orleans, LA 70190-0250